

IDAHO DEPARTMENT OF

HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

May 7, 2010

Bonnie Welborn, Administrator S & J Residential Care 170 Red Fir Road Kooskia, ID 83538

License #: RC-363

Dear Ms. Welborn:

On January 25, 2010, a complaint investigation survey was conducted at S & J Residential Care. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rae Jean McPhillips, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

KAEYEAN MCPHILLIPS, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

RJM/sm

cc:

Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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February 23, 2010

FILE COPY

Susan Dilts, Administrator S & J Residential Care 170 Red Fir Road Kooskia, ID 83538

Dear Ms. Dilts:

On January 25, 2010, a complaint investigation survey was conducted at S & J Residential Care. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that a non-core issue deficiency was identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 24, 2010.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Assisted Living Facility Program

JS/sm

Enclosure

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BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	√ame		Physical Address	Phone Number
S& C	J Resignation	Residential Care	170 Red Fir Road	6347-989
V	(1		(x > 70
Survey 7	Survey Team Leader	Q.	Survey Type	Survey Date
(\(\frac{\z}{2}\)	Jean	McDh. II. as	olaint	1/35/10
NON	CORE ISSU	NON-CORE ISSUES		
HEM #	RULE# 16.03.22		DESCRIPTION	DATE BFS RESOLVED USE
	730.03	The Facility did not with 10F 2 outside	with 10F 2 outside service provide	2/22/10
Respons	Response Required Date 2/34/10	Signature of Facility Representative		Date Signed 1-25-10



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February 23, 2010

Susan Dilts, Administrator S & J Residential Care 170 Red Fir Road Kooskia, ID 83538

Dear Ms. Dilts:

On January 25, 2010, a complaint investigation survey was conducted at S & J Residential Care. The survey was conducted by Gloria Keathley, LSW, Rae Jean McPhillips, RN. This report outlines the findings of our investigation.

Complaint # ID00004332

Allegation #1:

Residents were not allowed their choice of providers.

Findings #1:

An unannounced complaint investigation was conducted on January 25, 2010. Eight residents currently reside at the facility; seven were available for individual interview. Six residents who had received services from a local agency stated that they had made a voluntary change to another provider in another town further away. They all stated that they preferred the services at the current provider and did not mind the travel. Two residents' service providers had not changed.

On January 25, 2010, at 1:30 p.m., the administrator stated that one resident signed a request in September 2009 to change providers. She said that the resident signed the request without his guardian's permission. She stated he later changed his mind and stayed with his current provider.

Unsubstantiated. Although the allegation may have occurred, it could not be verified during the complaint investigation.

Allegation #2:

An employee did not follow the facility's policy on not accepting gifts from residents.

Findings #2:

Substantiated. However, the facility was not cited as they acted appropriately by reprimanding the involved employee and having her return the gift that had been given to her by a resident.

Susan Dilts, Administrator February 23, 2010 Page 2 of 3

Allegation #3:

The facility did not have a contract with an outside agency providing services to

residents.

Findings #3:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.730.03 for not having a written contract with an outside service provider. The facility was required to submit evidence of resolution within 30 days.

Allegation #4:

Residents did not always receive their mail.

Findings #4:

Eight residents currently reside at the facility; seven were available for individual interview.

On January 25, 2010, between 8:30 a.m. and 11:45 a.m., all seven residents were individually interviewed. All seven stated that they had no concerns about receiving their personal mail. They stated that staff retrieved the mail and gave it to them the same day it was received.

On January 25, 2010, at 2:25 p.m., the assistant administrator stated at one time residents were allowed to go to the mailbox and get the mail. She stated that practice had been stopped many months ago when one resident had a concern that he had not received all of his mail.

Unsubstantiated. Although the allegation may have occurred, it could not be verified during the complaint investigation.

Allegation #5:

Residents did not always have privacy when speaking on the phone, and were not receiving all incoming phone calls.

Findings #5:

On January 25, 2010, between 8:30 a.m. and 11:45 a.m., seven residents were interviewed regarding privacy and access to the facility phone. All of the residents stated that they were allowed privacy when they were on the phone. They stated that the facility had a portable phone and they were allowed to use it in any room they wanted. Additionally, they stated that they were allowed to use the phone when they needed to make phone calls. Six of the residents stated that they had no concerns about receiving incoming phone calls. One resident stated that she had requested facility staff to screen her calls so she would not receive unwanted calls.

Unsubstantiated. Although the allegation may have occurred, it could not be verified during the complaint investigation.

Allegation #6:

Some residents had night needs and there was not up-and-awake staff to address their needs.

Susan Dilts, Administrator February 23, 2010 Page 3 of 3

Findings #6:

On January 25, 2010, eight resident records were reviewed. Five records contained "Uniform Assessment Instruments" (UAIs) that documented that the residents had no night needs. Two UAIs documented the residents had minimal night needs. Both UAIs documented that the residents required safety checks twice a night. One resident's record contained a Negotiated Service Agreement that documented he had no night needs.

On January 25, 2010, between 8:30 a.m. and 11:45 a.m., seven residents were interviewed. All seven residents stated that they did not have night needs. They stated that they were all capable of notifying staff if they had a problem or needed assistance at night. They stated staff would come downstairs at night and periodically check on them, but they did not know the frequency of the checks.

On January 25, 2010, at 2:30 p.m., the assistant administrator stated that when she worked at night she checked on residents about every two hours. She said none of the current residents required hands-on assistance at night, just supervision.

On January 25, 2010, at 2:45 p.m., the administrator stated, "When staff worked at night, they were suppose to do safety checks on the residents at least twice a night." She further stated that when she worked the night shift, she did safety checks every three to four hours.

On January 25, 2010, at 3:10 p.m., a staff member stated that she did safety checks at least twice a night.

Unsubstantiated. Although the allegation may have occurred, it could not be verified during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

RAE JEAN MCPHILLIPS

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program

RJM/sm

Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program